EXHIBIT C

Case 06-147/25-00025-1900 8894	ഏംഗ€്വ	ater ed 08/08/41 4/40:3	10:34 ₀ 10:30	e 2 of 6
UNITERS ATER BANKEUP (CY COUR)		OOF OF CLAIM	Tago rola	
Name of Debtor: Case		mber:		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address: 11321241003014 DR MELODY A PFINGSTEN AND CRYSTAL WITTICH 43613 SOUTHERLAND WAY FREMONT CA 94539-5933		BMC Group in this case. Check box if this address differs from the address on the	SECURED INTERS ONE OF THE DEB If you have alread Bankruptcy Court of	S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT TORS. ady filed a proof of claim with the or BMC, you do not need to file again. E IS FOR COURT USE ONLY
Creditor Telephone Number (১৫) ১৯৫ ১৯৫ ১৯৫ ১৯৫ ১৯৫ ১৯৫ ১৯৫ ১৯৫ ১৯৫ ১৯৫	dobtor		THIS SPACE	E IS FOR COURT USE ONLY
. •	debior.	Check here replace or or amend	a previously	filed claim dated:
1. BASIS FOR CLAIM Goods sold Personal injury/wrongful death Services performed Taxes Money loaned Other (describe briefly)	Wages, s	penefits as defined in 11 U.S.C salaries, and compensation (fi r digits of your SS #: compensation for services per	Il out below)	Unremitted principal Other claims against services (not for loan balances)
2. DATE DEBT WAS INCURRED: 10127105		OURT JUDGMENT, DATE O		(date) (date)
DATE DEBT WAS INCURRED: O 27 105 CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that See reverse side for important explanations.				e time case filed.
UNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no collateral or lien securing your claim, or b) exceeds the value of the property securing it, or if c) none or only part of you entitled to priority.		SECURED CLAIM Check this box if yo a right of setoff). Brief description of c		ed by collateral (including
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority.		Value of Collateral:	\$	
Amount entitled to priority \$ Specify the priority of the claim:		Amount of arrearage an secured claim, if any: \$	d other charges	at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towar services for personal, family, or		
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	` <u></u>	Taxes or penalties owed to gov	ernmental units - 1	1 U.S.C. § 507(a)(8).
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	L	Other - Specify applicable para * Amounts are subject to adjust	tment on 4/1/07 and	d every 3 years thereafter
5. TOTAL AMOUNT OF CLAIM \$55443 90 \$		with respect to cases commend	ed on or after the d 443.90	\$ 55443.90
AT TIME CASE FILED: (unsecured)	•	secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the				
 CREDITS: The amount of all payments on this claim has been cred. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> running accounts, contracts, court judgments, mortgages, security a DOCUMENTS. If the documents are not available, explain. If the documents are not available, explain. DATE-STAMPED COPY: To receive an acknowledgment of the proof of plain. 	<i>uments,</i> su agreement documents	uch as promissory notes, purd is, and evidence of perfection are voluminous, attach a sum	hase orders, invo of lien. DO NOT nmary.	oices, itemized statements of SEND ORIGINAL
proof of claim. The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5:00 pm	ı, prevailir	ng Pacific time, on Novembe	r 13, 2006	THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships, or governmental units). BY MAIL TO:	•	ons, joint ventures, trusts an OR OVERNIGHT DELIVERY TO:	i	
BMC Group Attn: USACM Claims Docketing Center P. O. Box 911	BMC Gro Attn: USA	up ACM Claims Docketing Center		
El Segundo, CA 90245-0911	El Segun	t Franklin Avenue do, CA 90245		
SIGN and print the name and title, if any, of the this claim (attach copy of power of attom to the thing of t	ney, if any):			
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonme	ent for up to	5. years or both. 18 U.S.C. §§ 1	52 AND 3571	

Case	06-10725-awz Doc 8804-	3 Fn	tered 08/03/11 10·3	.6·14 Pa∩	ie 3 of 6
SECTION NAME OF STREET	Ballsonder (as United to 1975) International Control of the Contro		OOF OF CLAIM		AIM IS SCHEDULED AS:
Name of Debtor		Case Number		Schedule/Claim	
USA Commercial N	Nortgage Company	06-10725-LBR		Amount/Classific	
This form should not be used ansing after the commencer administrative expense may Name of Creditor and JOHN T MRASZ DEFINED BENEI C/O JOHN T MR 10015 BARLING SHADOW HILLS	ENTERPRISES INC FIT PLAN DATED 5/86 ASZ & JANET MRASZ TRUSTEES	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court	scheduled by the you agree with the other claim against this proof of claim. If the amounts at Unliquidated or filled. If you have all Bankruptcy Cour	ected above constitute your claim as Debtor or pursuant to a filed claim. If e amounts set forth herein, and have no st the Debtor, you do not need to file i EXCEPT as stated below hown above are listed as Contingent, Disputed, a proof of claim must be ready filed a proof of claim with the t or BMC, you do not need to file again. CE IS FOR COURT USE ONLY
	one manage by made departed to the latest	400101	Check here repla	a previous	y filed claim dated
1. BASIS FOR CLAIM		Retiree	benefits as defined in 11 U S	C & 1114(a)	Unremitted principal
Goods sold Services performed Money loaned	Personal injury/wrongful death Taxes Other (describe briefly)	Wages, Last fou	salaries, and compensation in digits of your SS #	(fill out below)	Other claims against service (not for loan balances)
The state of the s		Unpaid (compensation for services pe	enformed from	to
2. DATE DEBT WAS INCUR	RED 2/1/04	3 IF C	OURT JUDGMENT, DATE (OBTAINED.	(date) (date)
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exceeds the value of the preentitled to pnority UNSECURED PRIORITY CL Check this box if you have a entitled to priority Amount entitled to pnority Specify the priority of the cla Domestic support obligation Wages, salaries, or commis	s no collateral or lien securing your claim, or b) yoperty securing it, or if c) none or only part of you AIM an unsecured claim, all or part of which is \$	our claim r claim is	a night of setoff). Binef description of Real Estate Value of Collateral Amount of arrearage assecured claim, if any Up to \$2,225* of deposits towas services for personal, family, of Taxes or penalties owed to go	collateral Motor Vehicle \$ and other charges and purchase, lease or household use -1 vernmental units -	s at time case filed included in e, or rental of property or 1 USC § 507(a)(7) 11 USC § 507(a)(8)
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OF CLAIM		
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and compensation (fil		
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Real Estate	Motor Vehicle	Other
Value of Collateral	\$	
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UNITED STATES BANKRUPTOY (DAUDRID OC 88) DISTRICT OF NEVADA	¹⁴ PRC	OF OF CLAIM		AIM IS SCHEDULED AS
Name of Debtor	Case Nu	mber	Schedule/Claim ID	s31929
USA Commercial Mortgage Company	06-10725-LBR		Amount/Classification	
USA Commercial Mortgage Company	00-107	20-LDN	\$0 00 Unsecured	
NOTE OF BUILDING				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp	nense	Check box if you are		
ansing after the commencement of the case. A request for payment		aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim Attach copy of		ted above constitute your claim as
Name of Creditor and Address		statement giving particulars		ebtor or pursuant to a filed claim If amounts set forth herein and have no
129244900	03059	Check box if you have	other claim against	the Debtor you do not need to file
LAWRENCE RAUSCH 10708 BRINKWOOD AVE		never received any notices	· ·	EXCEPT as stated below
LAS VEGAS NV 89134 5245		from the bankruptcy court or BMC Group in this case		own above are listed as Contingent sputed a proof of claim must be
		Check box if this address	filed	oparou a proof of orani macres
		differs from the address on the	1 '	ady filed a proot of claim with the
		envelope sent to you by the court	1	or BMC you do not need to file again
Creditor Telephone Number (7c1) 146 - 810 3		Court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replace		filed claim dated
5-LBR		ıf thıs claım amer	nds	med class dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death		salaries and compensation (•	Other claims against servicer
Services performed Taxes		digits of your SS #	(IIII Odt below)	(not for loan balances)
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	Onpara o	omponibation for services pe	nonned nom	to (date) (date)
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4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				time case filed
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UNSECURED NONPRIORITY CLAIM & MARTON SQUAR	e and		our claim ie eocur	red by collateral (including
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entitled to priority	i Claim is	Brief description of	f collateral	
UNSECURED PRIORITY CLAIM		Real Estate		☐ Other
Check this box if you have an unsecured claim all or part of which is				Unter
entitled to priority		Value of Collateral \$		
Amount entitled to priority \$		Amount of arrearage and other charges at time case filed included in		
Specify the priority of the claim		secured claim if any \$		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits toward	ard purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		services for personal family o		• (////
business which ever is earlier 11 U S C § 507(a)(4)	<u></u>	Taxes or penalties owed to go		
Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)	L	Other Specify applicable para		
		* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ 49936 \$		\$		\$ 49936
AT TIME CASE FILED (unsecured)	(s	ecured)	(pnority)	(Total)
Check this box if claim includes interest or other charges in addition to the	ne principal	amount of the claim Attach ite	emized statement of	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u>	uned and t	Jeauciea for the purpose of r	making this proof	or claim
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18 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stampe	ed self addressed	l envelope and copy of this
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Case 06-10725-gwz Doc 8804-3 Entered 08/03/11 10:36:14 Page 6 of 6 PROOF OF CLAIM Case Number (Ammercial 06-10725-CBR NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Theck box if you are CT . i arising after the commencement of the case. A request" for payment of an aware that anyone else has filed a proof of claim relating to administrative expense may be filed pursuant to 11 U.S.C. § 503 your claim Attach copy of Name of Creditor and Address statement giving particulars yonar Trustec Check box if you have never received any notices from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT WE OF THE DEBTORS Check box if this address If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again. envelope sent to you by the court Creditor Telephone Number () 702 - 235-144し THIS SPACE IS FOR COURT USE ONLY ast four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated or amends if this claim 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Other claims against servicer Wages salanes and compensation (fill out below) Services performed Taxes (not for loan balances) Last four digits of your SS # Money loaned Other (describe briefly) Unpaid compensation for services performed from to (date) (date) 2 DATE DEBT WAS INCURRED -19-2006 3 IF COURT JUDGMENT, DATE OBTAINED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM UNSECURED NONPRIORITY CLAIM \$ Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief description of collateral UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle Other Check this box if you have an unsecured claim, all or part of which is entitled to priority Value of Collateral Amount entitled to priority Amount of arreatage and other charges at time case filed included in secured claim if any $$\frac{3,000 \cdot \sigma v}{}$$ Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7) Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) business whichever is earlier 11 U S C § 507(a)(4) Other Specify applicable paragraph of 11 U.S.C. § 507(a) (Contributions to an employee benefit plan 11 U S C § 507(a)(5) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM 28,000 28,000 AT TIME CASE FILED (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm prevailing Pacific time on November 13 2006 USE ONLY for each person or entity (including individuals partnerships corporations joint ventures trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo CA 90245-0911 El Segundo CA 90245 DATE SIGN and print the name and title if any of the creditor or other person authorized to file USA CMC this claim (attach copy of power of attorney if any) 12006 Amai Penalty for presenting fraudule

§§ 152 AND 3571